PTO/SB/06 (8-96)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 47399-0037 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) **FOR** NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** \$ 770 \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS 26 minus 20 =6 108 x = 0 =0 OR (37 CFR 1.16(c)) x = 18 =INDEPENDENT CLAIMS 4 minus 3 =1 x <u>86</u>= 86 OR 0 = 0 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 0 0 = 0 = OR 0 964 TOTAL OR * If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-**REMAINING** NUMBER **PRESENT RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total ** **\$** 0 = 0 0 26 Minus 26 = 0 (\$ 0 = (37 CFR 1.16(c)) OR Independent *** Minus = 4 0 4 0 0 0 =0 = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL **TOTAL** OR 0 0 (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT RATE TIONAL RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total ** 0 0 Minus = **x** \$ (37 CFR 1.16(c)) OR Independent *** = Minus 0 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0 (37 CFR 1.16(d)) 0 OR **TOTAL TOTAL** OR 0 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-**REMAINING PRESENT** NUMBER **RATE** TIONAL **RATE TIONAL AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE AMENDMENT** PAID FOR OR Total ** 0 Minus 0 = x \$ (37 CFR 1.16(c)) OR Independent *** Minus = 0 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0 (37 CFR 1.16(d)) 0 OR TOTAL OR TOTAL 0 0 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".